

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000035982

1. Entity Name

FALLER DEVELOPMENT COMPANY



FILED

Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90088 027 ***550.00

A0075224



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2711 EAST FIRST STREET #102
FORT MYERS FL 33916

Mailing Address

2711 EAST FIRST STREET #102
FORT MYERS FL 33916-1843

2. Principal Place of Business

2711 First St

3. Mailing Address

2711 First

Suite, Apt. #, etc.

102

Suite, Apt. #, etc.

102

City & State

FORT MYERS FL

City & State

FORT MYERS FL

4. FEI Number

65-0906421

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAPOPORT, ALLEN J
999 PONCE DE LEON BOULEVARD
SUITE 1110
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALLER, ROBERT 2711 EAST FIRST STREET #102 FORT MYERS FL 33916	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/00

Date

941 332 3064

Daytime Phone #

CR2E034 (9/99)